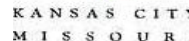


Phone: 816-513-1120  
Fax: 816-513-1075  
E-file: [kcmo.gov/quicktax](http://kcmo.gov/quicktax)

**REQUIRED: CHECK BOX FOR ACCOUNT TYPE AND LIST ACCOUNT ID**

<b>1. LEGAL NAME</b>	<b>2. FEIN/SSN</b>
<b>3. TAX PERIODS</b> (LIST ALL PERIODS - BY PERIOD END DATE - RELATED TO THIS WAIVER REQUEST, <b>FOR EXAMPLE:</b> LIST JAN 1., 2015 - DEC. 31, 2015 AS DEC. 31, 2015 )	

[illegible]

**This is a request for a waiver of penalties assessed to your tax account - in no instance will interest be waived.**

**Requests not accompanied by payment for the tax and interest in full, and the appropriate returns(s), will not receive consideration.**

A written determination will be sent to the taxpayer within 30 days of receipt of this form.

**Mail to: City of Kansas City, Missouri, Revenue Division, 414 E. 12th St., 2nd Flr - East, Kansas City, MO 64106-2786**